

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES



BRIAN SCHWEITZER  
GOVERNOR

JOAN MILES  
DIRECTOR

STATE OF MONTANA

[www.dphhs.mt.gov](http://www.dphhs.mt.gov)

PO Box 4210  
HELENA, MT 59604-4210

October 30, 2007

Ravalli County  
Attn: Jackie Cenis  
215 South 4<sup>th</sup> Street Suite A  
Hamilton MT 59840

Jackie Cenis:

*WIC*

Enclosed you will find your signed copy of Amendment/Task Order/Contract # 08-07-5-21-031-0.

If you have any questions, please contact me at 406-444-4473.

Sincerely,

*Kim Logan*

Kim Logan  
Contracts Officer  
Public Health & Safety Division

Enclosure

TASK ORDER 08-07-5-21-031-0  
TO RAVALLI COUNTY UNIFIED GOVERNMENT MASTER CONTRACT  
THAT COVERS THE PERIOD OF JULY 1, 2005 through JUNE 30, 2012  
MONTANA WIC PROGRAM

THIS TASK ORDER is entered into between the Montana Department of Public Health and Human Services (hereinafter referred to as the "Department"), whose address and phone number are 1400 Broadway, P.O. Box 202951, Helena, Montana 59620-2951, and (406) 444-4747 and Ravalli County (hereinafter referred to as the "Contractor"), whose nine (9) digit federal ID number, address and phone number are 81-6001417, 215 S 4<sup>th</sup> Street, Suite A, Hamilton, MT 59840, (406) 375-6330 for the purpose of committing the Contractor to provide health related services required by this task order. In consideration of the mutual covenants and stipulations described below, the Department and Contractor agree as follows:

#### SECTION 1: PURPOSE

In FY2004, approximately \$15 million in funds were appropriated by Congress to expand WIC breastfeeding support services through peer counseling as a strategy to increase breastfeeding rates through expansion of WIC Breastfeeding support services through peer counseling programs and/or to enhance an existing breastfeeding peer counseling programs to reflect components that FNS has identified through research as critical (the FNS) model.

#### SECTION 2: SERVICES TO BE PROVIDED

This grant is to cover the following:

Salaries and Benefits for BF Peer Counselor Supervisor and BF Peer Counselor(s). Peer Counselor Supervisor and Peer Counselor(s) are required to meet the appropriate number of CEU credits based on their hours, as other WIC staff, volunteers and contractors are required to meet.

Operating Expenses which may include Office Supplies, Phone, Training Materials, Demonstration Materials, Certificates, Program Forms, Travel for Training, Registration for Training and Indirect or Cost Allocation. Indirect or cost allocation is subject to the same limitations as per the WIC grant.

Contract services as specified in the budget. A budget must be submitted and accepted by the State WIC Breastfeeding Coordinator.

#### SECTION 3: EFFECTIVE DATE AND PERIOD OF PERFORMANCE

The term of this Task Order for the purpose of delivery of services is from October 1,

2007 through September 30, 2008.

#### SECTION 4: COMPENSATION

- A. In consideration of the services to be provided through this Task Order, the Department shall reimburse the Contractor for actual expenses incurred in the performance of this Task Order.
- B. The maximum total amount payable as consideration for services performed under this Task Order is \$5,795.
- C. The Department will reimburse the Contractor for allowable expenses incurred and reported/claimed on the "Attachment A" invoice.

#### SECTION 5: SOURCE OF FUNDS AND FUNDING CONDITIONS

- A. The source of funding for this Task Order is a 100% Federally Funded Grant from the US Department of Agriculture - CFDA # 10.577.
- B. The contractor shall maintain complete, accurate, documented and current accounting of all program funds received and expended.

#### SECTION 6: TERMINATION

In addition to the provisions of Section 4 of the Master Contract, the Department may terminate this agreement for failure of the Contractor to correct any serious deficiency in the program required by this agreement.

#### SECTION 7: ASSIGNMENT, TRANSFER AND SUBCONTRACTING

The Contractor shall have no right to and shall not assign, transfer, delegate or subcontract this task order or any right or duty arising under this task order, with the exception of any subcontract with an individual whose expertise is needed to perform this agreement, e.g. a nutritionist, or physician, or a subcontract with a satellite county. The Department in its discretion may grant written approval or an assignment, transfer, delegation or subcontract, provided, however, that this paragraph shall not be construed to grant the Contractor any right to such approval.

#### SECTION 8: LIAISONS AND SERVICE OF NOTICES

- A. Joan Bowsheer will be liaison for the Department.
- B. Jackie Cenis will be liaison for the Contractor.
- C. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties addresses set out in this task order.

## SECTION 9. DISPUTE RESOLUTION PROCESS

The following process is to be used in the event of a disagreement between the Contractor and the Department about the terms of this contract. Written notification by the Contractor providing specific details about the disagreement must first be provided to the Department Bureau Chief identified below:

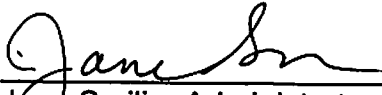
JoAnn Dotson , (406) 444-4743, Fax (406) 444-2606, [jdotson@mt.gov](mailto:jdotson@mt.gov) is the Bureau Chief for the Department. The Department Bureau Chief shall attempt to resolve the dispute. If resolution of the disagreement is not obtained then the Contractor may request a review and determination to be made by the division administrator. The Contractor shall provide in writing specific details about the remaining issues that are in dispute. The Contractor may also request an in-person meeting with the administrator to present its reasons or position on the disagreement. If the division administrator cannot resolve the dispute, the reasons for the department's position on the issues in dispute must be presented to the Contractor in writing.

## SECTION 10: SCOPE OF TASK ORDER


This task order consists of 3 numbered pages and Attachment A.

IN WITNESS THEREOF, the parties through their authorized agents have executed this task order on the dates set out below:

### MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

By:  Date 10/30/07  
Jane Smilie, Administrator  
Public Health & Safety Division

### RAVALLI COUNTY

By:  Date Oct. 24, 07  
Ravalli Board of Commissioners

Federal I.D. Number - 81-6001417

**Attachment A****MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES**

Helena, Montana 59620

**INVOICE**

PROVIDER/TAX ID	CONTRACT NUMBER	INVOICE DATE	INVOICE NUMBER
81-6001417	08075210310 Ravalli Breastfeeding Peer Counseling Grant		
CONTRACTOR/PROVIDER		BILL TO	
NAME: Ravalli County ADDRESS: 215 S 4TH ST, Suite A CITY, STATE ZIP: Hamilton, MT 59840 PHONE NUMBER: 406-375-2053		DIVISION/PROGRAM NAME: WIC-DPHHS ADDRESS: Cogswell Building, 1400 Broadway CITY, STATE ZIP: Helena MT 59620 PHONE NUMBER: 406-444-5533	

Billing Period: _____ to _____			Statement Date: _____	
COST CATEGORIES	BUDGETED	CURRENT	YR TO DATE	BALANCE
Salaries (Month total from Page 2)				
Benefits (actual)				
Operating Expenses (supplies/materials)				
Communications (phone, postage, etc)				
Travel (mileage, travel cost, per diem, lodging)				
Contract Services**				
Other: (specify)				
TOTALS				
Total this Billing Cycle:				

**\*\* Actual expense or DPHHS pre-approved cost allocation plan**

PROVIDER/CONTRACTOR APPROVAL:	DEPARTMENT APPROVAL:
I certify that the above costs are actual, necessary and allowable for the performance of the agreement. There is no duplication of costs and the statement is mathematically correct.	Comment:
Preparer Signature _____ Date _____	Approved Amount: \$ _____
Contractor _____ Date _____	State Reviewer _____ Date _____

Personnel Breakdown

Employee Name	Current Month Gross	Gross YTD	Current Month Hours	Hours YTD
Totals:				